

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002106

283

STATE FILE NUMBER

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

FILED JAN 25 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

12 yrs

c. FULL NAME OF (If NOT in hospital, give location)

General Hospital No. 1

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

JACKSON

c. CITY

OR

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

1020 Virginia

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

James

First

Edward

Middle

Washington

Last

4. DATE

OF

DEATH

Month

Day

Year

1-9-62

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7-2-11

9. AGE (last birthday)

50

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Armour Packing House

10b. KIND OF BUSINESS OR INDUSTRY

Paris Texas

11. BIRTHPLACE (City and state or country)

Paris Texas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Jacks Washington

13b. MOTHER'S MAIDEN NAME

Hannah Ford

14. NAME OF HUSBAND OR WIFE

Thelma Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

3 Stella Lewis 3523 Agnes K.E.M.

18. CAUSE OF DEATH (Enter only one cause per line for Part I. Death was caused by:

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cancer Cachexia

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

Endenocarcinoma of liver Primary.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to

and last saw her

him

alive on

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Deputy Coroner

22b. ADDRESS

1618 Lydia Ave

22c. DATE SIGNED

1/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1-17-62

23c. NAME OF CEMETERY OR CREMATORY

BLUE RIDGE

23d. LOCATION (City, town, or county)

KANSAS CITY

(State)

MO

24. FUNERAL DIRECTOR

MANLOVE AND WILLIAMS

ADDRESS

K.C., MO

25. DATE RECD. BY LOCAL REG.

1-16-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Eddie Middleton

Licensed Embalmer No. 5046

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.